

AHCCCS Dental Care Task Force

FINAL REPORT

April 1998

Arizona Health Care Cost Containment System



Executive Summary

In October 1997, the Interim Study Committee on Dental Care directed AHCCCS to assemble a Task Force of interested parties to explore means to improve the availability of dental services to AHCCCS children.

Representatives from a broad spectrum of stakeholders and interested parties were invited to participate on the AHCCCS Dental Care Task Force. The 19 member Task Force met monthly from November 1997 through March 1998. The primary goal of this Task Force was to develop concrete recommendations which would:

- Increase the utilization of dental services by children enrolled in the AHCCCS program
- Increase the number of dental providers who serve AHCCCS members

Four subcommittees were also created to achieve the goal by focusing on four main areas:

- Provider network development and management
- Provider reimbursement
- Member education and outreach
- Quality management and oversight.

The subcommittees met monthly from December 1997 through March 1998 and developed strategies and recommendations for consideration by the Task Force.

This report contains the recommendations adopted by the Task Force. The recommendations cover a variety of strategies, including: using current member newsletters and printed materials to emphasize and encourage dental check-ups; improving communication with both members and dental providers; revising AHCCCS dental policy; and establishing a public-private partnership to launch a wide-scale dental education campaign.

Projecting cost savings or expenditures from implementing the recommendations is beyond the scope of this report. However, additional funding is needed to provide appropriate utilization of dental care to AHCCCS children and should be viewed as an investment with potential payoffs that continue throughout the child's lifetime. Effective monitoring of dental care utilization data will help ensure that additional funds are used appropriately and efficiently.

The Task Force was an effective way to have stakeholders jointly address issues that affect the dental health of children. The cooperation achieved through this joint venture will continue. It definitely fostered an environment in which additional innovative strategies to approach optimal dental utilization and provider participation can be considered in the future.

I. Background

In Arizona, as well as nationally, Medicaid recipients utilize dental services at a very low level. At the same time, educators, health care providers and community groups serving low income children identify lack of dental care as a high priority in this population. The legislature created an Interim Study Committee on Dental Care to “examine dental care provided to AHCCCS members under the age of 21” who are enrolled for at least 12 consecutive months. In their October 6, 1997 meeting, the Interim Committee directed AHCCCS to assemble a Task Force of interested parties to explore the issue of improving dental service availability and delivery to AHCCCS enrolled children.

Within AHCCCS, the Office of Policy Analysis and Coordination (OPAC) was designated to convene and coordinate the work of an AHCCCS Dental Care Task Force. The primary goal of this Task Force was to develop concrete recommendations which would:

- Increase the utilization of dental services by children enrolled in the AHCCCS program
- Increase the number of dental providers who serve AHCCCS members

The recommendations adopted by the Task Force are included in this report.

On October 22, OPAC mailed letters to a diverse group of interested parties inviting them to participate on the AHCCCS Dental Care Task Force. AHCCCS recognized that the success of the Task Force rested in part on attracting members who were interested in children’s dental care and who would work creatively as a team toward established goals through a representative balance of interests in the group. Individuals who decided to serve on the Task Force were advised that they could appoint an alternate to represent their group and that they could also suggest additional individuals or groups to invite.

Ultimately the AHCCCS Dental Care Task Force was comprised of 19 formal members (*see Attachment #1*) who represented a broad array of stakeholders, including: individual dentists, managed care dental plans, the Arizona Dental Association, AHCCCS health plans and program contractors, the Arizona Coalition for Tomorrow, AHCCCS management, the Arizona Head Start Association, dental hygienists, school nurses, the ADHS Office of Oral Health, and the Governor’s Division for Children. Additionally, several AHCCCS staff members were identified to provide technical assistance, as needed, for the work of the Task Force.

II. Task Force Activities

The AHCCCS Dental Care Task Force met monthly from November 1997 through March 1998. Task Force members adopted the following mission statement:

“To reduce oral disease and improve preventive dental care by stressing the importance of dental health and treatment for children through outreach and education and encouraging more dentists to participate in the AHCCCS program. These strategies are designed to maximize dental participation rates for children and make the AHCCCS dental program a model for the nation.”

There was consensus among Task Force members to identify strategies to increase dental utilization and increase dental provider participation by focusing on the following four areas:

1. Provider Network Development and Management
2. Provider Reimbursement
3. Member Education & Outreach
4. Quality Management and Oversight

Four subcommittees were created with all Task Force members, or their representatives, electing to serve on one or more subcommittees (*see Attachment #2*). Each subcommittee met as needed during December through March, and provided updates on their activities at the monthly Task Force meeting. Subcommittee recommendations were then considered by the Task Force in the creation of this final report.

During their research, subcommittees found that AHCCCS and the health plans have instituted a variety of changes in recent months which should have a positive impact on dental utilization rates and provider network. For example, as of January 1998, all but two health plans are contracting directly with individual dentists. These efforts were enhanced by ongoing dentist education efforts by the Arizona dental association. The result was a doubling of dentists participating in the AHCCCS program over the previous 12 months. The challenge for subcommittee members was to discuss, research and identify additional strategies that would positively impact dental utilization and participation by children and their parents.

In presenting their proposed recommendations for the Task Force, each subcommittee used a uniform three-pronged approach:

1. articulate a problem statement
2. identify potential barriers, if any
3. provide recommendations and strategies to address the problem

The four subcommittees forwarded a total of 11 problem statements and over 30 recommendations to the Task Force for consideration.

III. Recommendations

The cumulative effect of the recommendations made by the Task Force should have a positive impact on the AHCCCS dental program. To meet the goal of increasing dental utilization to acceptable levels and the number of dentists participating in the AHCCCS program will take significant financial resources. The challenge is to identify the most efficient and effective ways to use the additional funds.

Task Force members concurred that all stakeholders can have a significant impact in promoting greater access to quality dental care for AHCCCS children through strategies that will increase utilization of dental services and increase the number of dental providers who treat AHCCCS members.

The remainder of this report discusses the 31 recommendations adopted by the AHCCCS Dental Care Task Force to increase dental utilization by children enrolled in AHCCCS and the number of Arizona dentists who serve these children.

Network Development And Management Subcommittee

This subcommittee developed recommendations targeted at increasing the number of Arizona dentists participating in the AHCCCS program. The recommendations were to streamline the AHCCCS dental program contracting processes for dental providers; institute new ways to provide more information to providers; and facilitate communication within the dental community. Finally, prompt claims payment and adoption of a more reasonable routine appointment time standard were recognized as strategies that would have a favorable impact on increasing the number of dentists that serve AHCCCS members.

Problem Statement

Historically, not enough dentists have participated in the AHCCCS program.

Identified Barriers:

The process for contracting between AHCCCS health plans and dentists is complex.

Recommendations:

- By May 1998, AHCCCS will recommend that health plans improve and simplify the process by customizing each contract document and deleting clauses not pertinent to dentists.

See Attachment #3 and 4

- By June 1998, AHCCCS will provide health plans with a list of typical questions and concerns of dentists to be addressed at the time a health plan initially invites a dentist to participate.
- By September 1998, AHCCCS will provide clearer instructions for completing AHCCCS provider registration forms.

Identified Barriers:

Many dentists are unfamiliar with the AHCCCS program.

Recommendations:

- Members of the AHCCCS Dental Care Task Force presented an “AHCCCS Overview” at the two-day February 1998 Arizona Dental Association Convention.

See Attachment #5

- Starting in 1999, the Arizona Dental Association will facilitate an annual AHCCCS/health plan/dental community meeting.
- Arizona Dental Association and Department of Health Services should periodically include articles regarding the AHCCCS dental program in newsletters and other educational materials they produce.

Problem Statement

AHCCCS and health plan policies do not encourage continued participation with the program.

Identified Barriers:

Traditionally, issues specific to the dental community have not been recognized by the AHCCCS program.

Recommendations:

- By October 1998, AHCCCS will revise health plan contracts to extend the appointment standard for routine appointments from 30 days to a more reasonable 45 days.

- By September 1998, AHCCCS will encourage all health plans to pay 90% of clean claims within 30 days. (Because most dental practices are solo practitioners, cash flow can be an issue)
- AHCCCS will, by October 1998, encourage all health plans to:
 - Provide dentists with information about such things as nutritional services and prenatal care and also provide a contact at the health plan who can provide assistance in obtaining these services
 - Facilitate communications between a dentist and the members' primary care provider (PCP), by making available a contact person at the health plan who can provide the PCP name and phone number to the dentist
 - Schedule regular dental provider meetings
 - Include dental professionals in an administrative capacity as consultants, to review dental issues when appropriate
- By October 1998, AHCCCS, health plans and the Arizona Dental Association will initiate efforts to identify steps for improving the "no show" rates of children.

Provider Reimbursement Subcommittee

The Reimbursement Subcommittee recommendations are intended to expand the number of participating providers in the AHCCCS dental care program. Subcommittee members acknowledge that different contracting practices (fee-for-service, capitation, etc.) may be more effective in different communities or areas. Several health plans are now contracting directly with individual dentists and have seen an increase in their dental provider network. The recommendations are: to inform dentists not currently serving AHCCCS members about this new contracting opportunity; monitor the impact of different contracting practices on the number of participating providers; and, ensure that adequate funding is available to serve anticipated increases in dental utilization by AHCCCS members.

Problem Statement

Many dental providers have been reluctant to participate in the AHCCCS program due to inadequate reimbursement.

Identified Barriers:

Continued perception among some dental providers that AHCCCS reimbursement is inadequate.

Recommendations:

- By May 1998, health plans and the Arizona Dental Association will cooperatively develop a plan to educate the dental community regarding recent reimbursement changes (the majority of the health plans have implemented fee-for-service reimbursement arrangements effective October 1997 which have significantly increased the number of dental providers).
- Adequate reimbursement will continue to be encouraged by AHCCCS.

Problem Statement

Health plans have increased reimbursement to dental providers to reflect fair market value of services provided and to encourage provider participation. Increased reimbursement and/or higher utilization will require increased funding in the future.

Identified Barriers:

Limitations on funding for dental reimbursement.

Recommendation:

- If warranted by the utilization and financial data, AHCCCS and the stakeholders will request additional funding for dental services.

Member Education And Outreach Subcommittee

The Member Education & Outreach Subcommittee identified strategies that will contribute to increasing dental service utilization by increasing awareness about available dental services and providing information to children and families. Recommendations centered on ensuring that members are aware of dental care available to them and the way to access this care. Subcommittee members also recognized the importance of reinforcing the importance of regular

dental care and by encouraging parents to assume responsibility for scheduling appropriate visits and recall appointments.

One long term strategy was to create a public-private partnership to support a large-scale public awareness and media campaign focusing on dental care. In the short term, information about the AHCCCS dental program should be readily available to children and parents. Groups that interact with parents and children can play an important role by reinforcing the importance and value of dental care. It was agreed that written materials provided to members should emphasize the AHCCCS dental care program.

Problem Statement

The importance of preventive dental care and annual check-ups for children (especially those under age 8) is not viewed as a high priority by many AHCCCS members.

Identified Barriers:

Advocacy group staff, who work with AHCCCS members, may not be familiar with the AHCCCS dental program, and miss the opportunity to stress the importance of dental care and encourage dental visits.

Costs associated with producing and providing information to these groups.

Recommendation:

- By September 1998, AHCCCS will develop and distribute a dental care “Fact Sheet” to other organizations* that serve children to educate their staff about the AHCCCS dental program. These individuals can also follow-through with children and their parents to ensure a dental appointment is made and kept.

* including child care centers, churches, school nurse offices and other school programs, Women’s, Infants’ and Children’s Supplemental Nutrition Program (WIC) offices, food banks, Big Brothers/Big Sisters, other programs that work with children and/or parents, and public assistance offices.

See Attachment # 6

Identified Barriers:

Broad, consistent dental education efforts in Arizona do not exist. The costs of an educational campaign can be significant.

Recommendation:

- During the next 12 months, the dental community will explore developing a private-public partnership to support an Arizona-specific media campaign targeted to all Arizonans which emphasizes the importance of dental care.

Identified Barriers:

Missed opportunities during EPSDT office visits to emphasize dental care and encourage parents to bring their child to the dentist.

Recommendation:

- Health plans will continue to monitor and educate PCP offices on the required dental care related elements of a well-child EPSDT visit and recommend that PCP offices encourage members to schedule a dental check-up.

Problem Statement

High “no show” rates for AHCCCS members that schedule appointments.

Identified Barriers:

Not all members have phones to permit recalls by dental office staff.

Recommendations:

- Dental providers should consider mailing postcard reminders about upcoming visits if the member can not be contacted by phone; health plans should be advised about members with a history of “no-show” and cancelled visits to enable the health plans to support better dental care.
- Health plan *Member Handbooks* currently contain information on members’ responsibilities. Dental providers and health plans should consider emphasizing to parents the importance of scheduling, keeping and canceling their appointments in written materials provided and during any direct contact.
- When AHCCCS conducts a follow-up Member Satisfaction Survey, questions should be designed to determine what was effective in getting members to the dentist office.

Problem Statement

AHCCCS members may not be aware of what dental services are available to them or how to access these services.

Identified Barriers:

Although new members receive a variety of information regarding covered benefits and how to access services from AHCCCS and health plans, dental services may not be highlighted and members may not be reading all the materials.

Recommendations

- By October 1998, health plans should consider including a cover letter and/or check list with the packet of materials sent to new members which clearly tells the member how to select a dentist.
- By July 1998, AHCCCS and health plans should include “dental messages” if automated voice recordings are used in their phone systems when clients are placed on hold.
- By October 1998, health plans should consider dedicating a section in future member newsletters specifically to dental care issues.
- As appropriate (e.g., to coincide with Dental Health Month, 1999), AHCCCS and/or health plans should create a special leaflet or “stuffers”, about dental care in their routine mailings to members.

Identified Barriers:

The current bilingual AHCCCS EPSDT brochure does not specifically discuss how to access dental care.

Cost to develop text revisions, translate and reprint brochures.

Recommendation:

- By September 1998, AHCCCS will revise the content of the EPSDT brochure to specify how to access covered dental services.

Identified Barriers:

Members are not scheduling appointments for annual check-ups.

Recommendations:

- Effective October 1, 1997, AHCCCS requires all health plans to send out a dental check-up reminder card to members on an annual basis. Health plans should monitor the impact of these dental check-up “reminder card” mailings on utilization rates.

Identified Barriers:

AHCCCS outreach presentations do not consistently provide information on covered dental services and how to access them.

Cost to revise public information presentation materials.

Recommendations:

- AHCCCS Public Information Office staff will include information on covered dental services and how to access services in their presentations.

Quality Management And Oversight Subcommittee

The Quality Management and Oversight Subcommittee sought ways to encourage more dentists to participate in the program by reviewing AHCCCS dental care policies to determine whether they reflect current standards. As a result of this review, policy changes are recommended regarding crowns and sealants. Changes to the dental provider credentialing tool and claim form were also recommended. While AHCCCS currently measures utilization data using HEDIS criteria, the subcommittee recommends additional reporting efforts to assist current quality oversight and monitoring measures.

Problem Statement

AHCCCS policy does not meet standards to reduce oral disease and improve dental care.

Identified Barriers:

Improving standards through providing more services will increase costs.

Recommendation:

- By October 1998, AHCCCS will revise the current policy and make changes to improve the standard in two areas: crowns and sealants.

Problem Statement

AHCCCS does not have sufficient quality oversight and monitoring measures to ensure the goal of maximizing dental participation rates for children.

Identified Barriers:

The AHCCCS dental measure using HEDIS criteria does not include all enrolled children.

Recommendation:

- In addition to the current HEDIS measure, AHCCCS should measure dental utilization through revised utilization reporting by June 1, 2000.*

* to produce valid utilization reports, actual service history is needed for a 12-month period (October 1998 through September 1999) and an additional 9 months (October 1999 through June 2000)) is needed to receive encounter data.

See Attachment #7

Problem Statement

AHCCCS does not have a current encounter format that provides information whether or not a comprehensive dental treatment plan is completed.

Identified Barriers:

The cost of changing the encounter layout for dental services from the HCFA 1500 claim form layout to the American Dental Association's (ADA) claim form layout.

Not all dentists (clinics) report dental services on the ADA claim form.

Recommendations:

- AHCCCS will require the use of the American Dental Association claim form by all AHCCCS health plans and dental providers by October 1, 2000*.
- AHCCCS will work with the health plans to ensure a modifier is added on the ADA form to capture "treatment completed" on encounter data by October 1, 2000*.

* Adopting the ADA Form will require sufficient time to implement the extensive system changes for AHCCCS and health plans.

Problem Statement

AHCCCS/health plan policies do not encourage dental provider participation.

Identified Barriers:

AHCCCS/health plan credentialing policies and oversight are perceived to be intrusive and an unnecessary burden.

Recommendation:

- By October 1, 1998, AHCCCS should standardize a dental credentialing tool and distribute the tool to health plans as a guideline.

See Attachment #8

- The End -

Attachment #1

Members AHCCCS Dental Care Task Force (alphabetical order)

1. **Juman Abujbara, M.D.**
AHCCCS, Office of the Medical Director
2. **Don Acomb, D.D.S.**
Dentist
3. **Donald Altman, D.D.S.** alternate: Jerry Caniglia, D.D.S.
DHS, Office of Oral Health
4. **Michele Banks**
Dental Hygienist
5. **Kathy Byrne** alternate: Harry Switzer, D.D.S.
Mercy Care Plan
6. **John Chen, D.D.S.**
Maricopa County
7. **Carol Crockett**
Governor's Division for Children
8. **Lynn Dunton**
AHCCCS, Office of Policy Analysis and Coordination
9. **Mary Hallet, R.N.** alternate: Gail Davis, R.N.
AZ Nurses Association, School Nurses Chapter
10. **Jon Hash** alternate: Louetta Coulson
DES/DDD, Managed Care Operations
11. **Nan Jeannero**
AHCCCS, Office of Managed Care
12. **Mike Klimansky** alternates: Melanie Stumer & Don Umlah
AZ Physicians, I.P.A.

13. **Tim Lukavsky, D.D.S.** alternates: Fred Rose & Tom Mattern, D.D.S.
Dental Management Network
14. **Philip MacDonnell**
Delta Dental
15. **Greg McFarland** alternate: Cheryl Walsh
AZ Dental Association
16. **Rick Potter**
AHCCCS, Office of the Director
17. **David Tierney** alternate: Jim LeValley
Arizona Coalition For Tomorrow
18. **Gene van den Bosch**
AZ Head Start Association
19. **Granger Vinall** alternates: Rebecca Martinez and
Dental Net Elizabeth Stambaugh

AHCCCS Technical Staff

1. **Janet Kelly, R.N.**
AHCCCS, Office of the Medical Director
2. **Kari Price**
AHCCCS, Office of Managed Care
3. **Ken Schwark**
AHCCCS, Office of Managed Care
4. **Amy Steinbinder, R.N.**
AHCCCS, Office of the Medical Director
5. **Cathy Valle**
AHCCCS, Office of Policy Analysis and Coordination

Attachment #2

Members of Subcommittees

Network Development and Management Subcommittee

- | | |
|-------------------------------|--|
| 1. Juman Abujbara, M.D. | AHCCCS, Office of the Medical Director |
| 2. Michele Banks | Dental Hygienist |
| 3. Jon Hash | DES/DDD, Managed Care Operations |
| 4. Nan Jeannero (Coordinator) | AHCCCS, Office of Managed Care |
| 5. Mike Klimansky | AZ Physicians, I.P.A. |
| 6. Tim Lukavsky, D.D.S. | Dental Management Network |
| 7. Philip MacDonnell | Delta Dental |
| 8. Rebecca Martinez | Dental Net |
| 9. Greg McFarland | AZ Dental Association |
| 10. Ken Schwark | AHCCCS, Office of Managed Care |
| 11. Gene van den Bosch | AZ Head Start Association |

Reimbursement Subcommittee

- | | |
|-----------------------------|--------------------------------|
| 1. Michele Banks | Dental Hygienist |
| 2. Kathy Byrne | Mercy Care Plan |
| 3. Nan Jeannero | AHCCCS, Office of Managed Care |
| 4. Philip MacDonnell | Delta Dental |
| 5. Greg McFarland | AZ Dental Association |
| 6. Kari Price (Coordinator) | AHCCCS, Office of the Director |
| 7. Granger Vinall | Dental Net |

Member Education and Outreach Subcommittee

- | | |
|-------------------------------|--|
| 1. Don Acomb, D.D.S. | Dentist |
| 2. Donald Altman, D.D.S. | DHS, Office of Oral Health |
| 3. Carol Crockett | Governor's Division for Children |
| 4. Lynn Dunton | AHCCCS, Office of Policy Analysis and Coord. |
| 5. Mary Hallet, R.N. | AZ Nurses Association, School Nurses Chapter |
| 6. Janet Kelly, R.N. | AHCCCS, Office of the Medical Director |
| 7. Jim LeValley | Arizona Coalition For Tomorrow |
| 8. Tom Mattern, D.D.S. | Dental Management Network |
| 9. Melanie Stumer | AZ Physicians, I.P.A. |
| 10. Cathy Valle (Coordinator) | AHCCCS, Office of Policy Analysis and Coord. |
| 11. Gene van den Bosch | AZ Head Start Association |
| 12. Cheryl Walsh | AZ Dental Association |

Quality Management and Oversight Subcommittee

1. Juman Abujbara, MD(Coordinator) AHCCCS, Office of the Medical Director
2. John Chen, D.D.S. Maricopa County
3. Gail Davis, R.N. AZ Nurses Association, School Nurses Chapter
4. Jon Hash DES/DDD, Managed Care Operations
5. Janet Kelly, R.N. AHCCCS, Office of the Medical Director
6. Jim LeValley Arizona Coalition For Tomorrow
7. Tim Lukavsky, D.D.S. Dental Management Network
8. Elizabeth Stambaugh Dental Net
9. Harry Switzer, D.D.S. Mercy Care
10. Don Umlah AZ Physicians, I.P.A.
11. Gene van den Bosch AZ Head Start Association
12. Cheryl Walsh AZ Dental Association
13. Amy Steinbinder AHCCCS, Office of the Medical Director

Attachment #3

AHCCCS Memo
to
Health Plans and Program Contractors

Available in hard copy version only. Contact Jennifer Goodman at Ph 602- 417-4781.

Attachment #4

Comments

on AHCCCS Standard Subcontract Provisions

Provided to Dentists by

the Arizona Dental Association

Available in hard copy version only. Contact Jennifer Goodman at Ph 602- 417-4781.

Attachment #5

Task Force Presentation Schedule For February 1998 Arizona Dental Association Convention

Available in hard copy version only. Contact Jennifer Goodman at Ph 602- 417-4781.

Attachment #6

AHCCCS Dental Program “Fact Sheet”
To Be Distributed To Educate
Advocacy Group Staff
That Serve AHCCCS Members

Children's' Dental Services Available Through AHCCCS Fact Sheet (Draft)

Why is this information important to me ?

Good health includes good dental habits! If any clients you work with are members of an AHCCCS Health Plan, please take the time to encourage, and if needed assist them, in obtaining the dental care they are entitled to! The importance of regular dental check-ups and preventive dental care visits for all children, especially those under age 8, is often overlooked.

What is AHCCCS (pronounced "access") ?

AHCCCS, Arizona Health Care Cost Containment System, is Arizona's Medicaid program. The program provides medical and dental services to low-income individuals who meet certain eligibility criteria. Individuals apply for AHCCCS through the Department of Economic Security (for more information call DES at 542-9935 or 1-800-352-8401). If eligible for AHCCCS, an individual either selects or is enrolled with a Health Plan. A Health Plan member then chooses both a medical and dental provider within their Health Plan's network

Eligible children who require long term care services are enrolled in the ALTCS (Arizona Long Term Care System) program; their ALTCS case manager can assist with accessing dental services.

What dental care services are covered by AHCCCS ?

- For children ages 3 through 20 - An annual check-up and any follow-up treatments needed
- For children under age 3 - Their medical care provider (or PCP) does a dental screen as part of the child's well-baby visits. The PCP may also refer the child to a dentist.
- Emergency dental care

What dentist can provide these services ?

Health Plans send all new members a *Member Handbook* and other written materials which explain what medical and dental services are covered and how to access these services. Generally, members can select any dentist from their Health Plan's network. Members should call their Health Plan's "Member Services Unit" (phone numbers below) for assistance in identifying a dentist.

How can a dental appointment be scheduled ?

Members should call their Health Plan's "Member Services Unit" (phone numbers below) for information on participating dentists they can choose and assistance in scheduling an appointment. Generally, once a dentist is selected, members can call the dentist's office directly to schedule future appointments.

Health Plan	Phone	Health Plan	Phone
AZ Health Concepts	1-800-293-0039	Health Choice AZ	1-800-322-8670
AZ Physicians, IPA	1-800-348-4058	Maricopa County Health Plan	1-800-582-8686
CIGNA Community Choice	1-800-832-3211	Mercy Care Plan	1-800-624-3879
DES/CMDP (foster care)	1-800-201-1795	Phoenix Health Plan	1-800-747-7997
Community Connection	1-800-747-7997	Pima Health Plan	1-800-423-3801
Doctor's Health Plan	1-800-928-8701	University Family Care	1-888-708-2930
Family Health Choice of NE AZ	1-800-448-3585	DES/DDD	(602) 542-0419

Attachment #7

Recommended Format For New Dental Utilization Reports and Service Codes

Available in hard copy version only. Contact Jennifer Goodman at Ph 602-417-4781.

Attachment #8

Recommended Standardized Credentialing Tool

Available in hard copy version only. Contact Jennifer Goodman at Ph 602-417-4781.